



APPLICATION FOR APPROVAL TO PROVIDE CATEGORY I CONTINUING EDUCATION FOR PSYCHOLOGISTS

State Form 50328 (R2 / 2-06)

RETURN THIS APPLICATION TO:
INDIANA STATE PSYCHOLOGY BOARD
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room 072
Indianapolis, Indiana 46204
Telephone: (317) 234-2057
E-mail: pla7@pla.IN.gov

Name of individual or organization		
Address (number and street, city, state, and ZIP code)		
Daytime telephone number ()	E-mail address	Web address

Types of continuing education courses to be presented:

☐ Formally Organized Courses ☐ Workshops ☐ Seminars ☐ Symposia ☐ Post Doctoral Institutes

The named individual or organization hereby requests approval to present continuing education programs for psychologists licensed to practice in Indiana and agrees to adhere to all applicable statutes and rules of the Indiana State Psychology Board. I / We will provide verification of attendance to each participating psychologist.

SIGNATURE OF AUTHORIZED INDIVIDUAL		
Printed name of authorized individual		Signature of authorized individual
Title		Date signed (month, day, year)

NOTICE
In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record.

AUTHORIZATION FOR RELEASE OF INFORMATION
I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency, or Indiana State Psychology Board, any files, documents, records or other information pertaining to the undersigned requested by the Agency, or the Board or any of their authorized representatives in connection with processing this application for approval of an individual or organization to provide continuing education courses.
I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.
I further authorize the Professional Licensing Agency, or the Indiana State Psychology Board to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency, and the Board, from any and all liability in connection with such disclosures.
A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION	
I hereby swear or affirm, that I have read the above statements and agree to same.	
Signature of authorized individual	Date signed (month, day, year)